

11/06/00



JC950 U.S. PTO

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UTILITY		Attorney Docket No.	Mirus.018.01
PATENT APPLICATION		First Inventor or Application Identifier	Jon Wolff
TRANSMITTAL		Title	Intravascular Delivery of Nucleic Acid
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		Express Mail Label No.	EF108585836US

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 900 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	Total Pages	37	
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)			
- Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure			
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets	3	
4. Oath or Declaration	Total Pages		
a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)			
NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27). EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).			
5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies			

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
13. ☐ Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/05-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. Other: _____

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) or prior application No: _____ Group / Art Unit: _____

Prior application information: Examiner: _____

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			or <input checked="" type="checkbox"/> Correspondence address below		
(Insert Customer No. or Attach bar code label here)					
Name Mark K. Johnson					
Address PO Box 510644					
City	New Berlin	State	WI	Zip Code	53151-0644
Country	US	Telephone	262 821-5690	Fax	262 821-5645
Name (Print/Type) Mark K. Johnson			Registration No. (Attorney/Agent) 35,909		
Signature <i>Mark K. Johnson</i>			Date November 6, 2000		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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JC950 U.S. PTO
09/10/00

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB-09-12,
 See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 535.00)

Complete if Known

Application Number _____
 Filing Date **November 6, 2000**
 First Named Inventor **Wolff, Jon A.**
 Examiner Name _____
 Group / Art Unit _____
 Attorney Docket No. **MIRUS.018.01**

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number _____
 Deposit Account Name _____

☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☐ Check ☐ Money Order ☒ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity/Small Entity Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 760 201 380			Utility filing fee	355.00
106 310 206 155			Design filing fee	
107 480 207 240			Plant filing fee	
108 760 208 380			Reissue filing fee	
114 150 214 75			Provisional filing fee	

SUBTOTAL (1) (\$ 355.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
40	20	\$9.00	180.00
3	0		0.00
Multiple Dependent			

*or number previously paid, if greater; For Reissues, see below

Large Entity/Small Entity

Large Entity/Small Entity Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description
103 18 203 9			Claims in excess of 20
102 78 202 39			Independent claims in excess of 3
104 260 204 130			Multiple dependent claim, if not paid
109 78 209 39			** Reissue independent claims over original patent
110 18 210 9			** Reissue claims in excess of 20 over original patent

SUBTOTAL (2) (\$ 180.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity/Small Entity Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65			Surcharge - late filing fee or oath	
127 50 227 25			Surcharge - late provisional filing fee or cover sheet	
139 130 139 130			Non-English specification	
147 2,520 147 2,520			For filing a request for reexamination	
112 920* 112 920*			Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*			Requesting publication of SIR after Examiner action	
115 110 215 55			Extension for reply within first month	
116 380 216 190			Extension for reply within second month	
117 870 217 435			Extension for reply within third month	
118 1,360 218 680			Extension for reply within fourth month	
128 1,850 228 925			Extension for reply within fifth month	
119 300 219 150			Notice of Appeal	
120 300 220 150			Filing a brief in support of an appeal	
121 260 221 130			Request for oral hearing	
138 1,510 138 1,510			Petition to institute a public use proceeding	
140 110 240 55			Petition to revive - unavoidable	
141 1,210 241 605			Petition to revive - unintentional	
142 1,210 242 605			Utility issue fee (or reissue)	
143 430 243 215			Design issue fee	
144 580 244 290			Plant issue fee	
122 130 122 130			Petitions to the Commissioner	
123 50 123 50			Petitions related to provisional applications	
126 240 126 240			Submission of Information Disclosure Stmt	
581 40 581 40			Recording each patent assignment per property (times number of properties)	
146 760 246 380			Filing a submission after final rejection (37 CFR § 1.129(b))	
149 760 249 380			For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$)

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) **Mark K. Johnson**
 Signature **Mark K. Johnson**

Registration No. (Attorney/Agent) **35,909**

Complete (if applicable)

Telephone **(262) 821-5690**
 Date **November 6, 2000**

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